

KENTUCKY INDIVIDUAL INCOME TAX RETURN For Single Persons With No Dependents

1998

		1770
	Name (Last, First, Middle Initial)	Print your numbers like this:
Use	> , , , , , , , , , , , , , , , , , ,	9876543210
Kentucky label if	Mailing Address (Number and Street Including Apartment Number or P.O. Box)	10/02/12/10
correct.	B	
Otherwise print or		
type.	▶ City, Town or Post Office State ZIP Code	Your Social Security Number
		1 2 3
POLITICAL	Designating \$2 will not change your refund or tax due. Mark an X in	
PARTY	Box 1 for Democratic , Box 2 for Republican , or Box 3 for No Designatio n.	
FUND		03
INCOME		Dollars Cents
	Enter federal Adjusted Gross Income from Form 1040EZ, line 4.	
	This is your Kentucky Adjusted Gross Income 1	
	2. Standard deduction	1 200 00
	3. Subtract line 2 from line 1. This is your Taxable Income	┖┵╾┛┆┖┷┷┷┛╸┖┷┷┛
TAX	4. Enter tax from Tax Table or Tax Computation for amount on line 3 4	
еге	5. Enter Low Income Tax Credit from worksheet in the	_ /
± t	instructions 5	
Jae	C. C. Maradillar F. Conn. Phys. A. Thilada and a Language To. 1141.111	
Pay	6. Subtract line 5 from line 4. This is your Income Tax Liability	₩ ' ₩ ' ₩ ' ₩ '
and	7. Enter Kentucky Income Tax withheld as shown on attached 1998 wage and tax statements	
ents	8. If line 7 is greater than line 6, enter AMOUNT OVERPAID	=====================================
eme	(see instructions)	
Stat	9. a Nature and Wildlife Fund	—
Гах	Contribution (Enter amount checked)	1 —
פ See	□ \$2 □ \$5 □ \$10 □ Other	┛╸┖┷┷┛
Attach Wage and Tax Statements and Payment Here solutions and Payment Here solutions and Dayment Here	b Child Victims' Trust Fund Contribution	_
tions for a	(Enter amount checked)	1 [
detailed	□ \$2 □ \$4 □ Other	₫· ╘╧ ╛
description of funds.	c Bluegrass State Games and U.S. Olympic	1 1 1 1
	Committee Fund Contribution	╡╵╞╪╡
	L Material Program To al Francis Control Program Control	1 1 1 1
	d Veterans' Program Trust Fund Contribution	**
	10. Add amounts contributed on lines 9a, 9b, 9c and 9d	┖┛,┖┵┵┛╸┖┵┵
	11. Subtract line 10 from line 8. Amount to be	
	refunded to you REFUND 11	
<u>L</u>	12. If line 6 is larger than line 7, enter amount you owe. Enclose check	·
	payable to Kentucky State Treasurer. Write your Social	
	Security number and "KY Income Tax—1998" on the check . OWE 12	_
I, the	undersigned, declare under penalties of perjury that I have examined this return, including any npanying statements, and to the best of my knowledge and belief, it is true, correct and complete.	OFFICIAL USE ONLY
· · · · · accom	ipanying statements, and to the best of my knowledge and belief, it is true, correct and complete.	OFFICIAL USE ONLY
>	~	
Your Signature	Telephone Number (daytime) Date Sign	ned P B N F R
		_
Typed or printed	name of preparer other than taxpayer Social Security or Firm I.D. Number of preparer Date	



INSTRUCTIONS—FORM 740-EZ

Who May Use Form 740-EZ—You may use Form 740-EZ if all six of the following apply:

- ✓ you were a Kentucky resident for the entire year;
- ✓ your filing status is single and you do not claim any dependents;
- ✓ you were under age 65 and not blind at the end of 1998;
- √ your income is less than \$100,000;
- you had only wages, salaries, tips, unemployment compensation, taxable scholarship or fellowship grants, and your taxable interest was \$400 or less; and
- you were not subject to tax on out-of-state purchases (use tax).

If you do not meet all six of the above requirements, see Form 740-S instructions.

When and Where to File—The 1998 Form 740-EZ must be postmarked no later than April 15, 1999, to avoid penalties and interest.

APRIL1999						
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25		27	28	29	30	24

Mail to:

Refund/Other Returns Kentucky Revenue Cabinet Frankfort, KY 40618-0006 Pay Returns Kentucky Revenue Cabinet Frankfort, KY 40619-0008

COMPLETING FORM 740-EZ—For more information, see the General Instructions. You may also contact the Revenue Cabinet in Frankfort at (502) 564-4581 or the nearest Kentucky Taxpayer Service Center.

Form 740-EZ is a machine-readable form.

Please print your numbers inside the boxes. Do not use dollar signs.

Please Use the Address Labels—These labels contain your Social Security number printed in bar-code format which can be read by the Revenue Cabinet's equipment.

Political Party Fund Designation—You may designate \$2 of your taxes to either the Democratic or Republican party if you have a tax liability of at least \$2.

LINE-BY-LINE INSTRUCTIONS

Line 1—Enter federal adjusted gross income from Form 1040EZ, Line 4; 1040A, Line 18; or 1040, Line 33. (Do not confuse federal adjusted gross income with federal taxable income shown on the federal return.)

If you are not required to file a federal income tax return, enter the total income from sources within and without Kentucky.

Line 2—The standard deduction of \$1,200 has been preprinted. If your itemized deductions exceed \$1,200, it will benefit you to file Form 740 and itemize your deductions on Schedule A.

Line 4—Compute your tax using the following tax rate schedule.

If taxable income is: Tax before credit is:

\$ 0 — \$2,999	2% of taxable income
\$3,000 — \$3,999	3% of taxable income minus \$30
\$4,000 — \$4,999	4% of taxable income minus \$70
\$5,000 — \$7,999	5% of taxable income minus \$120
\$8,000 and up	6% of taxable income minus \$200

Deduct \$20 for your tax credit from the amount computed above. This is your tax liability. Your tax cannot be less than zero.



Example: (Taxable income) \$8,500 x 6% - \$200 = \$310 - \$20 (tax credit) = \$290

Note: An optional tax table is available for your convenience by calling the Revenue Cabinet, (502) 564-4581.

Line 5, Low Income Tax Credit—A low income tax credit is allowed for single persons whose Kentucky adjusted gross income, Line 1, is not over \$25,000. Complete the following worksheet to determine your low income tax credit.

 Enter the amount from Line 1 (Kentucky adjusted gross income), but not less than zero.

If over \$25,000, you do not qualify for this tax credit. Do not complete the worksheet; skip Line 5.

Computation of Low Income Tax Credit

- b. Enter tax from Line 4.
- Enter decimal amount from table below that applies to adjusted gross income on line a.
- Multiply amount on line b by decimal amount on line c. Enter result on Line 5. This is your Low Income Tax Credit.

If the amount on line a above is:		Enter decimal amount on line c	
over \$ 5,000 \$10,000 \$15,000 \$20,000	\$ 5,000 \$10,000 \$15,000 \$20,000 \$25,000	1.00 (100%) .50 (50%) .25 (25%) .15 (15%) .05 (5%)	

Line 7, Kentucky Tax Withheld—Enter the amount of Kentucky income tax withheld as shown on your 1998 wage and tax statements. These statements must be attached to your return. Make sure you file the copy designated to be filed with your state return. Do not include amounts withheld by your employer for other states. Amounts withheld in other states cannot be credited to your Kentucky income tax. Local government occupational, license or income taxes must not be included on Line 7.

Line 8—If the amount on Line 7 (Kentucky Tax Withheld) is more than the amount on Line 6 (Income Tax Liability), you have an overpayment and are due a refund. Subtract Line 6 from Line 7, and enter the difference on Line 8 as an overpayment. However, if your Income Tax Liability on Line 6 is larger than Line 7, you owe additional tax (see instructions for Line 12).

Line 9—If you show an overpayment on Line 8, you may contribute to: (a) the Nature and Wildlife Fund, (b) the Child Victims' Trust Fund, (c) the Bluegrass State Games and U.S. Olympic Committee Fund and/or (d) the Veterans' Program Trust Fund. Donations are voluntary and amounts donated will be deducted from your refund.

Enter the amount(s) you wish to contribute on Lines 9(a), 9(b), 9(c) and/or 9(d). The total of these amounts cannot exceed the amount of the overpayment.

Line 12—You must pay any tax due shown on Line 12. Make check payable to **Kentucky State Treasurer**, and attach it to your return. On the face of the check please write "KY Income Tax-1998" and your Social Security number.

Underpayment of Estimated Tax—If the amount owed is more than 30 percent of the income tax liability on Line 6, you may be subject to a penalty of 10 percent of the underpayment of estimated tax. The minimum penalty is \$25. The amount of the penalty may be calculated on Form 2210-K, which may be obtained from the Revenue Cabinet.

Interest and Penalties—File your return and pay any additional tax due by April 15, 1999, to avoid interest and penalties. See the General Instructions or contact the Revenue Cabinet for additional information.

Note: Penalties but not interest may be reduced or waived if reasonable cause for reduction or waiver can be shown.

Signature—Each return must be properly signed by the taxpayer.